



Linda McCulloch, Superintendent
Office of Public Instruction
PO Box 202501
Helena, MT 59620-2501

**School District Claim for
State Reimbursement for
Individual and Isolated Transportation**

State ☐
District ☐
County ☐

**DUE
DATES:**

First Semester
February 1 to County Superintendent
February 15 to State Superintendent

Second Semester
May 10 to County Superintendent
May 24 to State Superintendent

COMPLETE THIS CLAIM FOR STATE REIMBURSEMENT FOR INDIVIDUAL AND ISOLATED TRANSPORTATION:

This claim is for the period beginning _____, 20____ and ending _____, 20____.
month day month day

CERTIFICATION:

The information on this form is complete and accurate to the best of my knowledge.

Date			Signature, Chair, Board of Trustees			
County: 07 Cascade			District: 0098 Great Falls Elem		District Level: Elementary	
District #	Contract #	Shared	Family's Name		Daily Rate	# of Days Transported
1	1218	Yes	Herrick, Daryn & Lisa		0.65	



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Date			Signature, Chair, Board of Trustees		
County: 07 Cascade			District: 0099 Great Falls H S		District Level: High School
District #	Contract #	Shared	Family's Name	Daily Rate	# of Days Transported
A	1216	No	Luckett, Michael	2.30	_____
A	1217	No	Huestis, Christian & Suzan	2.40	_____
A	1218	Yes	Herrick, Daryn & Lisa	0.65	_____
A	1230	No	Stanley, Sam & Sandra	0.25	_____



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Date			Signature, Chair, Board of Trustees		
County: 07 Cascade			District: 0101 Cascade Elem		District Level: Elementary
District #	Contract #	Shared	Family's Name	Daily Rate	# of Days Transported
3	1219	Yes	Regan, Debra	0.13	_____
3	1220	Yes	Cleaveland, Grover	1.00	_____
3	1221	No	Pings, David G	1.00	_____
3	1222	Yes	Clark, Marsha	0.75	_____
3	1224	No	DeRoche, Elizabeth	0.30	_____
3	1225	No	Lappier, Jerry	1.50	_____
3	1226	No	Kemble, Keith E	0.00	_____
3	1227	No	Gilleon, Laurie	0.50	_____
3	1228	Yes	Young, Jenny	0.75	_____
3	1229	Yes	Olds, Toni	0.50	_____
3	2159	No	Castillo, Chris	9.25	_____
3	2160	No	Goaziou, Luana	3.00	_____



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District #	Contract #	Shared	Family's Name	Daily Rate	# of Days Transported
B	1219	Yes	Regan, Debra	0.12	_____
B	1220	Yes	Cleaveland, Grover	1.00	_____
B	1222	Yes	Clark, Marsha	0.75	_____
B	1223	Yes	Ryan, Kim	0.50	_____
B	1226	No	Kemble, Keith E	7.25	_____
B	1228	Yes	Young, Jenny	0.75	_____
B	1229	Yes	Olds, Toni	0.50	_____
B	2158	No	Maulding, Tamera	6.00	_____



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County: 07 Cascade			District: 0104 Centerville Elem		District Level: Elementary
District #	Contract #	Shared	Family's Name	Daily Rate	# of Days Transported
5	1664	No	Umphres, Rhonda M	2.20	_____
5	1665	No	Buck, Aimee	1.25	_____
5	2394	No	Fremmin, Robin	9.25	_____



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Date			Signature, Chair, Board of Trustees			
County: 07 Cascade			District: 0112 Belt Elem		District Level: Elementary	
District #	Contract #	Shared	Family's Name		Daily Rate	# of Days Transported
29	1500	No	McGrau, Jamie & Brian		3.50	



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County: 07 Cascade			District: 1195 Deep Creek Elem		District Level: Elementary	
District #	Contract #	Shared	Family's Name		Daily Rate	# of Days Transported
95	1499	No	Evans, Tracy		1.65	



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County: 07 Cascade			District: 1225 Sun River Valley Elem		District Level: Elementary
District #	Contract #	Shared	Family's Name	Daily Rate	# of Days Transported
55	2396	No	Looby, Jana	9.25	_____
55	2443	No	Clarke, Chad & Michelle	2.50	_____